

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-476)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT								
	INO.	DEP.	INO.	DEP.	INO.	DEP.		INO.	DEP.	INO.	DEP.	INO.	DEP.
1							61						
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48													
49													
50													
TOTAL INO.							TOTAL INO.						
TOTAL DEP.							TOTAL DEP.						
TOTAL							TOTAL						